rage a

FCC For	m 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	532383	The second secon
<015>	Study Area Name	MOLALLA TEL CO.	
<020>	Program Year	2017	
<030>	Contact Name: Person USAC should contact with questions about this data	Terry Simms	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5038291122 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	tsimms@molalla.com	
	Form Type		

1000000	ervice Quality Improvement Reporting ollection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Cont July 2013	trol No. 3060-0819
<010>	Study Area Code	532383		
<015>	Study Area Name	MOLALLA TEL C	0.	
<020>	Program Year	2017		
:030>	Contact Name - Person USAC should contact regarding this data	Terry Simms		
<035>	Contact Telephone Number - Number of person identified in data line <030>	5038291122 ex	t.	100
<039>	Contact Email Address - Email Address of person identified in data line <030>	tsimms⊕molall	a,com	
<110>		(yes	(no) <b>O</b>	
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5			
<111>	year plan" filed with the FCC?	(yes	/no) 😈 🔾	
<112>	plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If yo CETC which only receives frozen support, your progress report is only required to address voice telephony service.		532383or112.xlsx, 532383or112.pdf	
			Name of Attached Document	
	Please select the appropriate responses below (Yes, No, Not Applicable) to or that the attached document(s), on line 112, contains a progress report on its service quality improvement plan pursuant to §54.202(a). The information sh submitted at the wire center level or census block as appropriate.	s five-year		
<113>	Maps detailing progress towards meeting plan targets		Yes	
:114>	Report how much universal service (USF) support was received		Yes	
:115>	How much (USF) was used to improve service quality and how support was used to in	mprove service quality	Yes	
<116>	그는 사람들이 어느 아니는	n Germane mande and man		
<117>	How much (USF) was used to improve service capacity and how support was used to			
<118>	the result of th		Not Applicable	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of	911 Facilities Affected	Service Outage Description (Check	Old This Outage Affect Multiple Study Areas	Service Outage	Preventative	
<220>	<9>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>	
<210>	For the prior	r calendar yea	ar, were there	any reportal	ole voice serv	ice outages?	No			_			
<039>	Contact Email	Address - Ema	il Address of pe	rson identified	in data line <0	30> tsimms@mola	lla.com						
<035>	Contact Telephone Number - Number of person identified in data line <030>			30> 5038291122	5038291122 ext.								
<030>	Contact Name - Person USAC should contact regarding this data			Terry Simms									
<020>	Program Year					2017	2017						
<015>	Study Area Na	ame				MOLALLA TEL	MOLALLA TEL CO.						
<010>	Study Area Code 5				532383	532383							

<9>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Muitiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
77											
						-395					

	fulfilled Service Request lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	532383	
<015>	Study Area Name	MOLALLA TEL CO.	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Terry Simms	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5038291122 ext.	2
<039>	Contact Email Address - Email Address of person identified in data line <030>	teimms@molalla.com	
<300> L	Infulfilled service request (voice)	Not Applicable	
<310>	Detail on attempts (voice)		
	Nam	e of Attached Document	
<320>	Unfulfilled service request (broadband)	Not Applicable	
<330>	Detail on attempts (broadband)		
		Jame of Attached Document	

(400) Number of Complaints per 1,000 customers	FCC Form 481
Date Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	532383
<015>	Study Area Name	HOLALLA TEL CO.
<020>	Program Year	1917
<030>	Contact Name - Person USAC should contact	t regarding this data Terry Simas
<035>	Contact Telephone Number - Number of pe	rson identified in data line
<039>	Contact Email Address - Email Address of pe <030>	rson identified in data line tsimma molalla.com
<400>	Select from the drop-down list to indicate ho voice complaints (zero or greater) for voice t calendar year for each service area in which any facilities you own, operate, lease, or oth	elephony service in the prior Not Applicable you are designated an ETC for
<410>	Complaints per 1000 customers for fixed voi	ce
<420>	Complaints per 1000 customers for mobile v	oice
<430>	Select from the drop-down list to indicate he end-user customer complaints (zero or great the prior calendar year for each service area an ETC for any facilities you own, operate, le	ter) for broadband service in Not Applicable in which you are designated
<440>	Complaints per 1000 customers for fixed bro	adband
<450>	Complaints per 1000 customers for mobile b	roadband

500) Cor Data Coll	(500) Compiliance With Service Quality Standards and Consumer Protection Rules Data Collection Form		FCC Form 483 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
40100	Study Area Code	191213	
	Study Area Name	HOLALIA TEL CO.	
40205	4020s Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Terry Sima	
<035>	<035> Contact Telephone Number - Number of person identified in data line <030> 5038291122 axc.	5038291122 mxt.	
40355	Contact Email Address - Email Address of person identified in data line <0300-	telmmesmolalla.com	
<500₺	Collin Cartifu consoliusce with applicable cardina official characters and consumer contaction rules		

O De	500× Ct	<0395 (	<035> 0	<030> 0	<020> F	:015> !	010> 5	ata Colle	600) Fun-
4510» Descriptive document for Functionality in Emergency Situations	<500> Certify compliance regarding ability to function in emergency situations	Contact Email Address - Email Address of person Identified in data line <030>	Contact Telephone Number - Number of person identified in data line <030>	Contact Name - Person USAC should contact regarding this data	Program Year	<015> Study Area Name	<010> Study Area Code	Data Collection Form	(600) Functionality in Emergency Situations
5323830R810-Voice.pdf, 532383or610-Broadband.pdf	Yes	to imme boolalla.com	5036795122 ext.	Terry Simme	2017	HOLAMA TEL SO.	512343	OMB Control No. 3050-0986/OMB Control No. 3050-0819 July 2013	FCC Form 481

### (700) Price Offerings including Voice Rate Data FCC Form 481 **Data Collection Form** OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 <010> Study Area Code 532383 Study Area Name <015> MOLALLA TEL CO. Program Year 2017 <020> <030> Contact Name - Person USAC should contact regarding this data Terry Simms 5038291122 ext. <035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030> tsimms@molalla.com <701> Residential Local Service Charge Effective Date 1/1/2016 <702> Single State-wide Residential Local Service Charge 14.95

	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	 42>	<b3></b3>	<b4></b4>	<bs></bs>	<0
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
-									
-									
L									
-								trav.	
F							THE TAKE		
H						-			
F									
L									
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L								1184	

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code 5.	32383
<015>	Study Area Name	MOLALLA TEL CO.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Terry Simms
<035>	Contact Telephone Number - Number of person identified in data line <030>	5038291122 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tsimms@molalla.com

Ser.	<a>&gt;</a>	q2>	<01>	<b2></b2>	40	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
-		1 100							
	***								
	18 II - 18								
	•								
_		- HCP							
-									

	erating Companies lection Form			FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code		532383	
<015>	Study Area Name		MOLALLA TEL CO.	
<020>	Program Year		2017	
<030>	Contact Name - Person	USAC should contact regarding this data	Terry Simms	
<035>	Contact Telephone Nun	nber - Number of person identified in data line <030>	5038291122 ext.	
<039>	Contact Email Address -	Email Address of person identified in data line <030>	tsimms@molalla.com	
<810>	Reporting Carrier	Molalla Telephone Company		
<811>	Holding Company	Not Applicable		
<812>	Operating Company	Molalla Communications Company		

>	<a1></a1>	<a2></a2>	<a>3&gt;</a>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	***************************************		

<015> Stud <020> Prog <030> Con <035> Con <039> Con <900> Do	dy Area Code  dy Area Name  gram Year  mact Name - Person USAC should contact regarding this data  mact Telephone Number - Number of person identified in data line <030>  mact Email Address - Email Address of person identified in data line <030>  pes the filing entity offer tribal land services? (Y/N)	532383  MOLALLA TEL CO.  2017  Terry Simms  5038291122 ext.  tsimms@molalla.com  No
<020> Prog <030> Con <035> Con <039> Con <900> Do	gram Year  ntact Name - Person USAC should contact regarding this data  ntact Telephone Number - Number of person identified in data line <030>  ntact Email Address - Email Address of person identified in data line <030>  pes the filing entity offer tribal land services? (Y/N)	2017 Terry Simms 5038291122 ext. tsimms@molalla.com
<030> Con <035> Con <039> Con <900> Do	ntact Name - Person USAC should contact regarding this data ntact Telephone Number - Number of person identified in data line <030> ntact Email Address - Email Address of person identified in data line <030> pes the filing entity offer tribal land services? (Y/N)	Terry Simms 5038291122 ext. tsimms@molalla.com
<035> Con <039> Con <900> Do	ntact Telephone Number - Number of person identified in data line <030> ntact Email Address - Email Address of person identified in data line <030> pes the filing entity offer tribal land services? (Y/N)	5038291122 ext. tsimms@molalla.com
<039> Con <900> Do	ntact Email Address - Email Address of person identified in data line <030> Des the filing entity offer tribal land services? (Y/N)	tsimms@molalla.com
<900> Do	pes the filing entity offer tribal land services? (Y/N)	
		No
<910> Trib	bal Land(s) on which ETC Serves	
,,,,	1040	
<920> Trib	bal Government Engagement Obligation	Name of Attached Document
If your comm	and copies Telbal lands plants coloct (Vas No. NA) for each those hours	
	vary serves Tribal lands, please select (Yes,No, NA) for each these boxes	
	ne status described on the attached document(s), on line 920,	Select
	es coordination with the Tribal government pursuant to	Yes or No or
§ 54.313(a)(9	e) includes:	Not Applicable
	eds assessment and deployment planning with a focus on Tribal mmunity anchor institutions.	
	asibility and sustainability planning;	
	arketing services in a culturally sensitive manner;	
	mpliance with Rights of way processes	
	mpliance with Land Use permitting requirements	
	mpliance with Facilities Siting rules	
	mpliance with Environmental Review processes	
	mpliance with Cultural Preservation review processes	
	mpliance with Tribal Business and Licensing requirements.	

	oice and Broadband Service Rate Comparability lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		532383
<015>	Study Area Name		MOLALLA TEL CO.
<020>	Program Year		2017
<030>	Contact Name - Person USAC should contact regarding this data		Terry Simms
<035>	Contact Telephone Number - Number of person identified in data lin	ne <030>	5038291122 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ne <030>	tsimms@molalla.com
<1000>	Voice services rate comparability certification	Yes	
<1010>	Attach detailed description for voice services rate comparability compliance	53238	33or1010.pdf
			Name of Attached Document
<1020>	Broadband comparability certification	Yes	- rate is no more than the applicable benchmark rate.
<1030>	Attach detailed description for broadband comparability compliance	53238	3or1030.pdf
		5* <u></u>	Name of Attached Document

	o Terrestrial Backhaul Reporting lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	532383	
<015>	Study Area Name	MOLALLA TEL CO.	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Terry Simms	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5038291122 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tsimms@molalla.com	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	No	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 k upstream within the supported area pursuant to § 54.313(g).	Yes	

Lifeline	erms and Condition for Lifeline Customers ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	532383
<015>	Study Area Name	MOLALLA TEL CO.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Terry Simms
<035>	Contact Telephone Number - Number of person identified in data line <030>	5038291122 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tsimms@molalla.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	Name of Attached Document
<1220>	Link to Public Website HTTP ht	tp://www.molalla.com/publicnotices
or the we	heck these boxes below to confirm that the attached document(s), on line 1210, ebsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

Data Colle	ce Cap Carrier Additional Documentation ection Form Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			CC Form 481 IMB Control No. 3060-0986/OMB Control No. 3060-0819 uly 2013
melading	note-of-neturn curriers offinated with Frice Cup Local Exchange Curriers			47
<010>	Study Area Code	532383		
<015>	Study Area Name	MOLALLA TEL CO.		
<020>	Program Year	2017		
<030>	Contact Name - Person USAC should contact regarding this data	Terry Simms 5038291122 ext.		
<035>	Contact Telephone Number - Number of person identified in data line <030>	tsimms@molalla.com		
<039>	Contact Email Address - Email Address of person identified in data line <030>	CSIMMS#MCIAIIA.COM		
Select t	he appropriate responses below (Yes, No, Not Applicable) to not	e compliance as a recipie	ent of Incremental High Cost support, Hig	h Cost support to offset access charge reduction
	nnect America Phase II support as set forth in 47 CFR § 54.313(b)			
	Incremental Connect America Phase I reporting			
<2010	> 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note	that for the July 1		
-2010	2016 certification, this applies to Round 2 recipients			
	Residence services PCS are INTERCOME TO U.S. NO. CO.	or incremental		
7720202020	Support			
<2011	~ 그는 그는 사람들은 아이들은 아이들은 나는 사람들은 사람들이 되었다면 하는데			
	2016 certification, this applies to Round 1 recipients	of Incremental		
	Support			
<2022		a notice of		
~2022				
	acceptance of funding pursuant to 54.312(c), that the			
	question are not receiving support under the Broadb			
	Program or the Broadband Technology Opportunities	s Program for		
	projects that will provide broadband with speeds of a	at least 4		
	Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients or			
<2023				
<b>\2023</b>				
	capital funding expended in the previous year in mee			
	America Phase I deployment obligations, accompanie	ed by a list of census		
	blocks indicating where funding was spent. This cover	ers year two -		
	54.313(b)(2)(ii). Round 2 recipients only.			
<2024				
12024	nound 2 neoplem of more mental support.			
	50 - 955 300000000 Nac - 8000 NOT W. JA - 989 - 1807 JA - 90		ACTION NUMBER OF THE CONTRACTOR	
<2024	B> Attach list of census blocks indicating where funding	was spent in year	Name of Attached Document Listi	ng
	two - 54.313(b)(2)(ii). Round 2 recipients only.		Required Information	
<2025		t?	The second secon	
		T. P.		
	2 1070 F 1 1 1 1 2 10 2 120 1 1 10 10		200 200 V 4/2	
<2025			Name of Attached Document Listi	ng
	year three and Round 2 for year two) - Connect Ame	rica Fund , WC	Required Information	
	Docket 10-90, Report and Order, FCC 13-			
	The same seek that the control of the control of the same product and the control of the control			
-2015	> 2016 and future Frozen Support Certification 47 CFR	5 5 4 212/a1/41		
< 2015	> ZULD AND TUTULE FROZEN SUNDORT CERTIFICATION A / LEN	0 34 51 51 711 41		

Data Collection For	rrier Additional Documentation (Continued) m eturn Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
Price	Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}	
<2016>	Certification support used to build broadband	
Connect	America Phase II Reporting (47 CFR § 54.313(e))	
<2017A>	Connect America Fund Phase II recipient?	
1201777		
<2017B>	Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price	Name of Attached Document Listing Required Information
<2018>	cap carrier used for capital expenditures in 2015.  Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)	Name of Attached Document Listing Required Information
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in	
<2020>	urban areas for comparable offerings - 54.313(e)(2)(v)  Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)	
<2021>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)	
<2026>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)	
<2027>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)	

(3005) Rate ( Dete Collecti	Of Return Carrier Additional Documentation on Form				FCC Form 481 OMB Control No. 3060-0988/CMB Control No. 3060-0819 July 2013
<010>	Study Area Code		532383		
<015>	Study Area Name		MOLALLA TEL	CC.	2
<020>	Program Year		2017		21 V-200-
<030>	Contact Name - Person USAC should contact regarding this	data	Terry Simms		16-
<035>	Contact Telephone Number - Number of person identified	in data line <030>	5038291122 e		_
<039>	Contact Email Address - Email Address of person identified	in data line <030>	tsimms@molal		
complianc	the items below to note compliance with five year e with the financial reporting requirements set for ents attached below is accurate.				
(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		Yes		
22/2/2080/531			Yes - At	tach Certific	ation
(3010A)	Milestone Certification (47 CFR § 54.313(f)(1)(i))				532383or3010B.pdf
(30108)	Please Provide Attachment	Name of Attach	ed Document Li	sting Required	360
(3012A)	Community Anchor Institutions (47 CFR §	Information No - No new com	munity anchor		White and the second se
(30128)	54.313(f)(1)(ii)) Please Provide Attachment	Name of Attach	ed Document II	sting Pagelsad	
(3013)	Is your company a Privately Held ROR Carrier (47 CFR	Information (Yes/No)	•	O	
(3014)	§ 54.313(f)(2)) If yes, does your company file the RUS annual report	(Yes/No)	•	0	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:  Electronic copy of their annual RUS reports			<b>/</b>	
2045	(Operating Report for Telecommunications Borrowers)		Г	7	
3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		100	570231110	\$32383or3017.xlsx, 532383or3017.pdf
3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attache Information	ed Document Lis	sting Required	
3018)	If the response is no on line 3014, is your company audited?  If the response is yes on line 3018, please check the boxes below to confirm your submission on line	{Yes/N	o) O	0	
3019)	3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS				
3020)	Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows				
3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission on line				
3022)	3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for				
3023)	Telecommunications Borrowers Underlying information subjected to a review by an independent certified public accountant				
3024)	Underlying information subjected to an officer certification.				
3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows				
3026)	Attach the worksheet listing required information	Name of Attache	d Document Lis	ting Required	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	532383
<015>	Study Area Name	MOLALLA TEL CO.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Terry Simms
<035>	Contact Telephone Number - Number of person identified in data line <030>	SU38ZYIIZZ ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tsimms@molalla.com

Financial	Data	Summary	,
-----------	------	---------	---

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

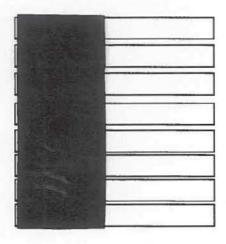
(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends



<010>	Study Area Code	532363
<015>	Study Area Name	MOLALLA TEL CO.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Terry Siens
<035>	Contact Telephone Number - Number of person identified in data I	ine <030> 5038291122 ext.
<039>	Contact Email Address - Email Address of person identified in data	line <030> teinmemolalla.com

### 4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

### Public Interest Obligations -- FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001.** Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

## Community Anchor Institutions - FCC 14-98 (paragraph 79)

**4003a.** RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

## If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
Broadband Deployment Locations – FCC 14-98 (par	ragraph 80)	
4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.	Name of Attached Document Listing Required Information	

	tion - Reporting Carrier lection Form	FCC Form 481 OMB Control July 2013	No. 3060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	532383	
<015>	Study Area Name	MOLALLA TEL CO.	
<020>	Program Year	2017	10.000 00.000
<030>	Contact Name - Person USAC should contact regarding this data	Terry Simms	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5038291122 ext.	211.27 T-27752
<039>	Contact Email Address - Email Address of person identified in data line <030>	tsimms@molalla.com	3320738

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

# Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: MOLALLA TBL CO. Signature of Authorized Officer: CERTIFIED ONLINE Date Printed name of Authorized Officer: Terxy Simms Title or position of Authorized Officer: Vice President/CFO Telephone number of Authorized Officer: 5038291122 ext. Study Area Code of Reporting Carrier: 532383 Filing Due Date for this form: 07/01/2016 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	tion - Agent / Carrier lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	532383	
<015>	Study Area Name	MOLALLA TEL CO.	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Terry Simms	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5038291122 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tsimms@molalla.com	and state of the s

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) Is authorized to submit the information reported on behalf of the reporting of					
also certify that I am an officer of the reporting carrier; m agent; and, to the best of my knowledge, the reports and	onsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized covided to the authorized agent is accurate.				
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer:	Date:				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI	Recipients on Behalf of Reporting Carrier
	orized to submit the annual reports for universal service reporting carrier; and, to the best of my knowledge, the i	support recipients on behalf of the reporting carrier; I have provided information reported herein is accurate.
Name of Reporting Carrier:		d bearing and the second of th
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agent		10.4
Telephone number of Authorized Agent or Employee of Ag	ent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

	ce Outage Rep	orting (Vo	olce)						FCC Form 481 OMB Control No July 2013	o. 3060-0986/OMB Contr	ol No. 3060-0819
10>	Study Area Code	8			12200	200	532383				
	Study Area Nam					0.00	MOLALLA T	co.			
20>	Program Year						2017				
	Contact Name -						Terry Sim				
	Contact Telepho						503829112	ext.			
39>	Contact Email A	ddress - En	nail Address of	person ider	itified in data li	ne <030>	tsimms@mo	alla.com			
220>	For the prior c	alendar y <b2></b2>	ear, were the	re any rep	ortable voice	service outa	ges?	No <e></e>	<f></f>	450	<h>&gt;</h>
<a>&gt;</a>	1 4012	1022	<03×	(042	(1)	((2)	911		Did This Outage	<g>&gt;</g>	- di
ORS	. 1	Outage		Outage	Number of	Total	Facilities	Service Outage	Affect Multiple		
eferenc imber	Outage Stan	1755	Outage End	End	Customers	Number of	Affected	Description (Check all that apply)	Study Areas (Yes / No)	Service Outage	Preventative
_	Date	Time	Date	Time	Affected	Customers	(Yes / No)		1,007,1107	Resolution	Procedures
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Data Coli	ection Form	OMB Control No. 3050-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	532383	
<015>	Study Area Name	MOLALLA TEL CO.	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Terry Simms	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5038291122 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tsimms@molalla.com	

FCC Form 481

<701> Residential Local Service Charge Effective Date <702> Single State-wide Residential Local Service Charge

(700) Price Offerings including Voice Rate Data

1/1/2016

<703>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<bs>&lt;</bs>	<>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee
OR	ALL .		FR	14.95	0.0	2.38	11.67	29.20
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# (710) Broadband Price Offerings Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	532383
<015>	Study Area Name	MOLALLA TEL CO.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Terry Simms
<035>	Contact Telephone Number - Number of person identified in data line <030>	5038291122 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tsimms@molalla.com

<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<d><d><d><d><d></d></d></d></d></d>	<d2:< th=""><th><d3></d3></th><th></th><th><d4></d4></th></d2:<>	<d3></d3>		<d4></d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees		Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
OR.	ALL	68.0	0	68.0	10.0	1.0	0	Other, No limit on usage allowance
OR	ALL	45.0	0	45.0	10.0	2.0	0	Other, No limit on usage allowance
OR	ALL	68.0	0	68.0	125.0	125.0	0	Other, No limit on usage allowance
OR	ALL	115.0	0	115.0	1000.0	1000.	0	Other, No limit on usage allowance
	-	1						
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	erating Companies lection Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013				
<010>	Study Area Code		532383						
<015>	Study Area Name	MOLALLA TEL CO.							
<020>	Program Year	2017							
<030>				Terry Simms					
<035>	Contact Telephone Num	5038291122 ext.							
<039>	Contact Email Address -	tsimms@molalla.com							
4910>		Molalla Telephone Company							
<810>	Reporting Carrier	Not Applicable							
<811> <812>	Holding Company	Molalla Communications Company							
<812>	Operating Company								
<813>		<31>		<a2></a2>	⟨a3⟩				
		SAC		Doing Business As Company or Brand Designation					
		in the interest of the interes							
		·							
-									